

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13386

State File No. ....

FILED MAY 4 1953		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 481	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Washington Twp				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Washington Twp. 0110			
d. FULL NAME OF HOSPITAL OR INSTITUTION Industrial City				d. STREET ADDRESS (If rural, give location) Industrial City 0			
3. NAME OF DECEASED (Type or Print)		a. (First) SHARON		b. (Middle) KAYE		c. (Last) LAWRENCE	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH April 7, 1953	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Roger Lee Lawrence		13b. MOTHER'S MAIDEN NAME Sarah Jane Smith		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Roger Lee Lawrence, Industrial City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Broncho-Pneumonia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cold DUE TO (c) Baby died suddenly in bed at its home, was sick and cried all night the night before it died. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day  2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION died. 7630				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from viewed on Apr 22, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:05A m., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy M.D. (Coroner)		23b. ADDRESS (Degree or title) St. Joseph, Mo.		23c. DATE SIGNED 4-22-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Apr 21, 53		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. April 27, 1953		REGISTRAR'S SIGNATURE Heather M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address

*St. Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.